

**660, ATTACHMENT A - ARIZONA OPIOID TREATMENT
PROGRAM – EXEMPTION REQUEST AND RECORD OF
JUSTIFICATION**

**Opioid Treatment Program Exemption Request and Record of Justification
Under 42 CFR 8.11 (h)***

Program OTP No:

Program Name:

Program Address:

Telephone:

Fax:

E-mail:

Name & Title of Program Sponsor:

Name & Title of Program Medical Director:

SAMHSA Certification Number and Expiration Date:

Recent Accreditation Survey Date:

Nature of Request:

Authorized Healthcare Professionals Recognized by the State

☐ Physician Assistants

☐ Nurse Practitioners

Justification for Request

☐ Health Care Reform – Medicaid Expansion
Comments:

☐ Opioid Epidemic
Comments:

☐ Work Force Shortage
Comments:

☐ Behavioral Health Integration
Comments:

☐ Other
Comments:

**ATTACHMENT A, ARIZONA OPIOID TREATMENT PROGRAM –
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What percent increase in patients could be served with this OTP program exemption?

Comments:

Is there a waiting list of patients that have requested treatment at this OTP? If so, how many individuals are on the list.

Comments:

How many other OTPs are providing services within your town/city?

Comments:

Do surrounding OTPs in your town/city have waiting lists?

Comments:

Do you know how many physicians are willing to work with OTP patients in your town/city?

Comments:

Describe the supervision process between the OTP's medical director and the mid-level practitioner.

Comments:

What is the OTP on-site work schedule for the OTP medical director and the mid-level practitioner?

Comments:

Provide the name, DEA registration number and state license number for each mid-level practitioner subject to this exemption request. Attach a copy of each mid-level practitioner's curriculum vitae (CV).

Comments:

Regulations in Support/Comments for Request**

☐ State Specific Rules for Authorized Healthcare Professionals

Comments:

☐ Describe state oversight, licensing, accreditation, and monitoring activities that ensure the healthcare professionals providing medical services requested in this program exemption are licensed and providing services within their scope of practice.

Comments:

☐ SAMHSA-CSAT Accreditation Guidelines

Comments:

☐ Patient Health and Safety

Include documentation regarding the following:

- How PA/NPs and physicians collaborate on patient care;
- How PA/NPs keep current with the latest medical education; and
- What quality measures the OTP has in place.

Comments:

☐ Other

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Comments:

Submitted By

| | | |
|----------------------------------|---|--------------------|
| Name of Sponsor | Signature of Sponsor | Date / / |
| Name of Medical Director | Signature of Medical Director | Date / / |
| State Response to Request | State Opioid Treatment Authority | Date / / |

☐ Approved
☐ Denied

Comments:

| | | |
|------------------------------------|---|--------------------|
| Federal Response to Request | Center for Substance Abuse Treatment | Date / / |
|------------------------------------|---|--------------------|

☐ Approved
☐ Denied

Comments:

Date of Approval: / / . **Exemption Expiration Date:** / / ***

*42 CFR 8.11 (h) *Exemptions.* An OTP may, at the time of application for certification or any time thereafter, request from SAMHSA exemption from the regulatory requirements set forth under this section and 42 CFR 8.12. An example of a case in which an exemption might be granted would be for a private practitioner who wishes to treat a limited number of patients in a non-metropolitan area with few physicians and no rehabilitative services geographically accessible and requests exemption from some of the staffing and service standards. The OTP shall support the rationale for the exemption with thorough documentation, to be supplied in an appendix to the initial application for certification or in a separate submission. SAMHSA will approve or deny such exemptions at the time of application, or any time thereafter, if appropriate. SAMHSA shall consult with the appropriate State authority prior to taking action on an exemption request.

**The OTP's policies and procedures documenting mid-level practitioner practices and oversight must be provided as an attachment to this application.

***A continuing exemption request must be filed simultaneously with submission of a SMA-162 for SAMHSA OTP recertification.

Refer to the following link for the state opioid treatment authority contact information:
<http://dpt2.samhsa.gov/regulations/smalist.aspx>

Submit Form:

Arizona State Opioid Treatment Authority
 grantsmanagement@azahcccs.gov
 Arizona Health Care Cost Containment System
 701 E. Jefferson St., MD 6500, Phoenix, Arizona 85034